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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 07, 1999 8:00 am Secretary of State

05-07-1999 90131 008 ***150.00

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DOCUMENT # **H89722**

1. Corporation Name

Principal Place of Business

WADDELL & ASSOCIATES, INC.

TEE WILLIAM ARNOLD E TE TN 38117		P. O. BOX 771469 MEMPHIS TN 38177 US				DO NOT WRITE IN THIS SPACE					
						Date Incorpora 12/12/1985		d			
. Principal Pl	lace of Business	2a, Mailing Address				FEI Number				Applied For	
	Wheelis Dr.	26				59-262781	1			Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					Certifcate of St	_			Additional Required	
i		27								_ `	
City & State	hphis, TV	City & State				Election Camp Trust Fund Co		, 	-	0 May Be d to Fees	
Zip 1 3811	Country	Zip [29]	Country 30	у	1 -	This corporatio Personal Prope		rrent year Ir	ntangible Yes	™ No	
, •••	9. Name and Address of Curren	_	T_		10. I	Name and Ad	dress of New	Registered	l Agent		
			81	Name							
IGOE	E, JOHN G.		97	Strant	Adress (D.	O Boy Numbe	wie Not Accon	table)			
	ROYAL PALM WAY		82	oreet /	Auuress (P.	O, Box Numbe	a not Accep	venie)			
PALA	M BEACH FL 33480		83	3							
			-	1 0"			_		0.5 7	p Code	
			84	City				FI	85 Zi _l 	p Coue	
i Pursuanti	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	ve-named	corporation	submits this st	tatement for the	e nurnose o	of changing	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was au	ithorized by	y the corpo	oration's boa	ard of directors	s. I hereby acce	ept the appo	ointment as	registered	
			iua Statute:	3 .							
_	m lammar war, and docopt the obliga	moris of, Occion cor.occo, 1 to									
ICNATURE					equired when rein	instating)		DATE			
ICHATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Age		equired when reii		IANGES TO O		ND DIREC	TORS IN 12	
JENATURE 	Signature, typed or printed name of registered ager			ent signature re	_ · · · · · · · · · · · · · · · · · · ·	instating) DDITIONS/CH	IANGES TO O		ND DIREC		
JENATURE 	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age	ent signature re	_ · · · · · · · · · · · · · · · · · · ·		IANGES TO O				
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indicated on this annual report or supplied with an address, it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.